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155 POTICE OF PURSUA

UNITED STATES
EXCURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

155 SOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response 16.00

SEC USE	ONLY
Prefix .	Serial
DATE REC	CEIVED
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Name of Offering (check if this is an amendment and name has changed, and indicate change.) Progressive Oil and Gas Income and Growth Fund Partnership Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	03006816
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Energy 2000, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 15 West 6th St., Suite 2010, Tulsa, OK 74119	Telephone Number (Including Area Code) 888-801-2613
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business An Oil and/or Gas Production, Rework and Exploration Project	PROCESSEI
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed	se specify): FEB 2 7 2003 THOMSON
Month Year Actual or Estimated Date of Incorporation or Organization: 0 1 0 3 Actual Estimate Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	FINANCIAI

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Morrisett. Jim Full Name (Last name first, if individual) 15 West 6th St., Suite 2010, Tulsa, OK 74119 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Beneficial Owner Executive Officer Director Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1			TENLETIC.		B. INFO	ORMATIC	ON ABOU	I OFFER	ING			ingan kuli Kabupatèn	
1.										Yes	No		
••	Answer also in Appendix, Column 2, if filing under ULOE.								نا				
2.	· · · · · · · · · · · · · · · · · · ·							\$ 30,00	0.00				
	2. What is the minimum investment that will be accepted from any individual?						••••••	Yes	No				
3.	Does the	offering p	ermit joint	ownership	of a singl	e unit?						\boxtimes	
4.			ion request		-					•	• • •		
			lar remuner ted is an ass			-					_		
			me of the b							ciated pers	ons of such		
			you may se		informatio	on for that	broker or a	eater only.					
		nents, LLC	first, if indi	viduai)									
			Address (N	umber and	Street Cit	v. State. Z	in Code)						
			•			.,, otate, 2	ip Co uc)						
			ng #1, Suite 2 oker or Dea		CA 91316								
1441	ne or Ass	ociated Di	okel of Dea	iici									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers					·	
	(Check	'All States'	" or check i	ndividual S	States)							. 🔲 All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
	[KI]	50	3D	110		[01]	VI	VA	WA	<u> </u>	W1	VV 1	TK
Ful	l Name (I	ast name	first, if indi	vidual)		<u> </u>							*
	lory Invest							·					
			Address (N			ty, State, 2	Zip Code)						
			ng #1, Suite 2 oker or Dea		CA 91316		· · · · · · · · · · · · · · · · · · ·	.,					
ivai	ine of Ass	ociated Bi	okei oi Dea	aici									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)							☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	ОК	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
	Ki		30	LIN	رکن				WA			<u> </u>	TK
Ful	ll Name (l	_ast name	first, if indi	ividual)									
Bu	siness or	Residence	Address (N	Jumber and	Street, Ci	ty, State, 2	Zip Code)						
						,,,							
Na	Name of Associated Broker or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)								□ A1	l States				
							GA	HI	ID				
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT NE NV NH NJ NM NY NC ND OH OK								OR	PA				
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		ggregate cring Price	Amount Already Sold	
	Debt	s	0.00	S	0.00
	Equity	\$	0.00	S	0.00
	Common Preferred				
	Convertible Securities (including warrants)	S	0.00	\$	0.00
	Partnership Interests	\$ 3.	.000.000.000	\$	0.00
	Other (Specify)	s	0.00	\$	0.00
	Total		,000,000.00	<u> </u>	0.00
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	٨	Number nvestors		Aggregate ollar Amount of Purchases
	Accredited Investors			\$	0.00
	Non-accredited Investors			\$	0.00
	Total (for filings under Rule 504 only)			\$	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering		Type of Security	Do	ollar Amount Sold
	Rule 505			\$	0.00
	Regulation A			_ \$	0.00
	Rule 504			_ s	0.00
	Total			_ \$	0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0.00
	Printing and Engraving Costs			\$	0.00
	Legal Fees			s	0.00
	Accounting Fees			\$	0.00
	Engineering Fees			s	0.00
	Sales Commissions (specify finders' fees separately)			\$	450.000.00
	Other Expenses (identify)		· 	s	0.00
	Total			S	450,000.00

	C. OFFERING PRICE. NUMBER OF	INVESTORS, EXPENSES AND USE	OF PRO	CEEDS		·
	b. Enter the difference between the aggregate offering price and total expenses furnished in response to Part C—Question proceeds to the issuer."	n 4.a. This difference is the "adjusted g	iross		SS	550,000.00
5.	Indicate below the amount of the adjusted gross proceed to t each of the purposes shown. If the amount for any purpose check the box to the left of the estimate. The total of the payn proceeds to the issuer set forth in response to Part C—Que	se is not known, furnish an estimate ments listed must equal the adjusted g	and			
				Payments to Officers, Directors, & Affiliates	;	Payments to Others
	Salaries and fees		🗀 s		Пs	0.00
	Purchase of real estate	•				0.00
	Purchase, rental or leasing and installation of machinery and equipment					0.00
	Construction or leasing of plant buildings and facilities					0.00
	Acquisition of other businesses (including the value of sec offering that may be used in exchange for the assets or sec issuer pursuant to a merger)	curities involved in this curities of another				0.00
	Repayment of indebtedness					0.00
	Working capital		_			0.00
	Other (specify): Turnkey Operations: Permit & prepare wells, loc equipment & tools to produce wells, move equipment & materials; I			0.00	⊠ s_	2,550,000.00
	pits, restore & pay for surface crop damage; Set & cement well cas	isings for good returns; Due diligence	···· [] \$	0.00	s	0.00
	Column Totals		🗌 s	0.00	⊠ \$_	2,550,000.00
	Total Payments Listed (column totals added)			⊠ \$2	,550,00	0.00
	D. FED	DERAL SIGNATURE				
ollo	issuer has duly caused this notice to be signed by the uncowing signature constitutes an undertaking by the issuer to a tof its staff, the information furnished by the issuer to a	to furnish to the U.S. Securities and	Exchar	ige Commissi	on, up	on written re-
ssu	er (Print or Type) Signat			Date		- 1
ner	gy 2000, Inc.	Juni Morrott			'/15	103
lan	e of Signer (Print or Type)	of Signer (Print or Type)		.1	-	·
im	Morrisett CEO					
						

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)